

Utah Department of Workforce Services
Unemployment Insurance
REQUEST FOR SCHOOL ATTENDANCE INFORMATION



Name (Print) _____ S.S.# _____

To be eligible for unemployment benefits, you must show that your school attendance does not restrict your availability for work. Training may be approved for only one school term at a time.

A. TRAINING REQUESTED

1. Training Institution _____ Course of Study _____
2. Starting Date of _____ Ending Date of _____ Credit _____ Ending Date
Current Term _____ Current Term _____ Hours _____ of Course _____
3. How will this training course improve your prospects for employment (continue on back if necessary)? _____

4. Who would pay for your training? _____
5. Times of Schools Attendance each day.
Mon: _____ Tues: _____ Wed: _____ Thur: _____ Fri: _____
Sat: _____ Sun: _____ Total Hours: _____
6. What times are you available for work each day?
Mon: _____ Tues: _____ Wed: _____ Thur: _____ Fri: _____
Sat: _____ Sun: _____ Total hours available for work each week: _____
7. Have you attended school while working (full time)? ☐ Yes ☐ No
8. Are you willing to leave school or change your class schedule to accept work, if necessary? ☐ Yes ☐ No
If "YES", what course changes can you make and what is the latest date you can do so?
9. Have you looked for **full time** work since becoming unemployed? ☐ Yes ☐ No
Please turn to the back of this form.

B. WORK HISTORY

1. Last Employer _____ Salary _____ Length of
Employment _____
2. Job Title _____ Reason for job separation _____
3. What other types of work have you done in the past 18 months? _____

4. What hours did you work on your last job?
Mon: _____ Tues: _____ Wed: _____ Thur: _____
Fri: _____ Sat: _____ Sun: _____ Total Weekly Hours Worked: _____

C. EDUCATION

1. Number of years of schooling ____ School Name _____
2. Last year attended ____ Highest degree or diploma obtained _____

D. What other job skills or training do you have? _____

I CERTIFY the above information is true and correct. I have made these statements to obtain unemployment benefits knowing that the law provides penalties for making false statements or withholding material facts. I also give permission for the training institution to release information on my progress to this Department. I will provide this information myself if requested.

Claimant Signature _____ **Date** _____

SCHOOL APPROVAL DECISION

9 Approved from _____ to _____ 9 Not Approved Effective _____

Reason: _____

Dept. Rep.

Emp. #

Date

Name (Print) _____

S.S.# _____

If you answered “YES” to question A9, list your job contacts below:

EMPLOYER CONTACT INFORMATION

Date	Company Name	Company Phone #	Person Contacted	How Contacted	Type of Work	Result

If you answered “NO” to question A9, explain: